

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36925

4810

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH. a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. LENGTH OF STAY (In this place) <u>38 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Major Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>215 W. 67th. St. Terr.</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		a. (First)		b. (Middle)		c. (Last) <u>BLAIR</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-4-79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>invalided</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>71</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1950</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Fitzpatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank P. Blair</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. P. Cantwell</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Senile Psychosis (agitated and depressed type) with Hypertension, Cerebral Arterio-Sclerosis</u> DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Several yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City</u> <u>Jackson</u> <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Oct. 15th 1950</u> to <u>Nov. 14th 1950</u> that I last saw the deceased alive on <u>Nov. 14th 1950</u> , and that death occurred at <u>5:30pm.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Herman S. Major</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3100 Euclid Ave. K.C. 31 Mo.</u>	
23c. DATE SIGNED <u>11/15/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-16-50</u>	
REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Major - Major Clinic - 31st. & Euclid after 2 P. M. today (Wed.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2009

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.